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Approved for use through 10/31/2002. OMB 0651-0031

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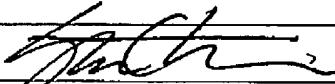
(to be used for all correspondence after initial filing)

		Application Number	09/509,337
		Filing Date	13 June 2000
		First Named Inventor	Tortlef O. BJORNSON
		Group Art Unit	1743
		Examiner Name	J. Ludlow
		Attorney Docket Number	019.01US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> 1. Issue Fee Transmittal
		RECEIVED CENTRAL FAX CENTER JUN 15 2004
REMARKS		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Stephen C. Macevick, Registration No. 30,285
Signature	
Date	15 June 2004

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Virginia Griffith

15 June 2004

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Alexandria, Virginia 22313-1450
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7590 06/02/2004

Ms. Virginia Griffith
1288 Pear Avenue
Mountain View, CA 94043

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Virginia Griffith	(Depositor's name)
<i>Virginia Griffith</i>	(Signature)
15 June 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/509,337	06/13/2000	TORLEIF OVE BJORNSON		1608

TITLE OF INVENTION: LAMINATE MICROSTRUCTURE DEVICE AND METHOD FOR MAKING SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	09/02/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LUDLOW, JAN M	1743	436-530000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Stephen C. Macevicz

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ACLARA BIOSCIENCES, INC.

MOUNTAIN VIEW, CALIFORNIA, U.S.A.

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

Issue Fee
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A check in the amount of the fee(s) is enclosed.
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15 June 2004

(Authorized Signature)

(Date)

Stephen C. Macevicz

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,330)

Complete if Known	
Application Number	09/509,337
Filing Date	13 June 2000
First Named Inventor	Torleif Ove Bjornson
Examiner Name	Jan M. Ludlow
Group / Art Unit	1743
Attorney Docket No.	019.01US

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account:				3. ADDITIONAL FEES			
Deposit Account Number		50-2266		Large Entity	Small Entity		
Deposit Account Name		ACLARA BIOSCIENCES, INC.		Fee Code	Fee (\$)	Fee Code	Fee (\$)
The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity		Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description Fee Paid			
1001	750	2001	375	Utility filing fee			
1002	330	2002	165	Design filing fee			
1003	520	2003	260	Plant filing fee			
1004	750	2004	375	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)				(\$ 0)			
2. EXTRA CLAIM FEES							
		Extra Claims	Fee from below	Fee Paid			
Total Claims	-20 **	= 0	X 0 = 0				
Independent Claims	-3 **	= 0	X 0 = 0				
Multiple Dependent		X 0 = 0					
Large Entity		Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description Fee Paid			
1202	18	2202	9	Claims in excess of 20			
1201	84	2201	42	Independent claims in excess of 3			
1203	280	2203	140	Multiple dependent claim, if not paid			
1204	84	2204	42	** Reissue independent claims over original patent			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)				(\$ 0)			
Other fee (specify) _____							
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SUBMITTED BY						Complete (if applicable)
Name (Print/Type)	Stephen C. Matovcic	Registration No. Attorney/Agent)	30,285	Telephone	(650) 210-1223	
Signature				Date	15 June 2004	

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